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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO1000101506			
1. Corporation Name Charденne' Murray Entertainment Company			
2. Principal Office Address 3030 PALM TREE Landings Suite, Apt. #, etc. # 315 City & State DAVIE, FL Zip 33314 Country U.S.		3. Mailing Office Address P.O. Box 290365 Suite, Apt. #, etc. City & State DAVIE, FL Zip 33329 Country U.S.	
4. Date Incorporated or Qualified To Do Business in Florida 10/18/2001		5. FEI Number 820543726	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name Lakesha Murray-Campbell 800079733188 Street Address (P.O. Box Number is Not Acceptable) 3030 PALM TREE Landings DRIVE Suite, Apt. #, Etc. # 315 City DAVIE State FL Zip Code 33314			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent [Signature] Date 9/6/06 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T/S	Lakesha V Murray-Campbell	Post Office Box 290365 DAVIE, FL 33329	DAVIE, FL 33329
V	Mattie R Murray-Roberts	1911 NW 76 Street Miami, FL 33147	Miami, FL 33147
M	Charденa C Murray	Post Office Box 290365 DAVIE, FL 33329	DAVIE, FL 33329
13/8/06			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: [Signature] Date 9/6/06 Daytime Phone # 954-325-9906 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

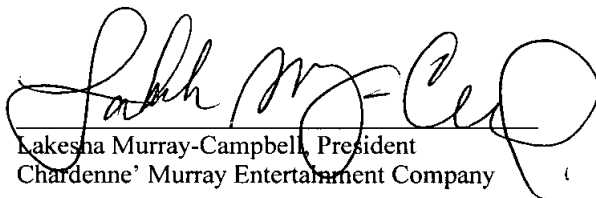
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September 6, 2006

To Whom It May Concern:

I, Lakesha Murray-Campbell, was affected personally and financially last year by Hurricanes Wilma and Katrina. I did not receive any notices prior to May 1st, 2006. I would like very much for my corporation to be reinstated without the reinstatement fee. I am including the standard fee for profit corporations annual filing in this mailing. If you have any further questions, please feel free to contact me at (954) 325-9906.

Yours truly,



Lakesha Murray-Campbell, President
Chardenne' Murray Entertainment Company